

**STATEMENT**

DATE	DESCRIPTION	CHARGES	PAYMENTS/ ADJUSTMENTS	INSURANCE BALANCE	PATIENT BALANCE
02/13/18	VISIT # [REDACTED] PATIENT: SARAH WITTER Provider: WILLIAM LIGHTHART, MD Date of Service: 02/13/2018				
	ROOM-BOARD/SEMI	2242.00			
	PHARMACY	10.05			
	DRUGS/OTHER	689.95			
	86900 LABORATORY	457.80			
	73564 DX X-RAY	440.00			
	73700 CT SCAN	1970.00			
	96374 EMERG ROOM	1537.00			
	29515 PRO FEE	182.00			
	99284 PRO FEE/ER	326.00			
	99233 PRO FEE/HOS VIS	331.00			
02/14/18	ROOM-BOARD/SEMI	2242.00			
	PHARMACY	52.93			
	DRUGS/OTHER	219.46			
	93005 EKG/ECG	262.00			
	93010 PRO FEE/EKG	142.00			
02/15/18	ROOM-BOARD/SEMI	2242.00			
	PHARMACY	420.21			
	DRUGS/OTHER	158.15			
	NON-STER SUPPLY	830.00			
	STERILE SUPPLY	107.07			
	SUPPLY/IMPLANTS	9706.23			
	73610 DX X-RAY	389.00			
	OR SERVICES	12992.00			
	ANESTHESIA	1853.00			
	RECOVERY ROOM	1163.00			
	64445 TREATMENT RM	1624.00			
			PATIENT BALANCE		7795.79

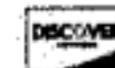
**MESSAGES:**

WE SENT A CLAIM TO YOUR INSURANCE COMPANY AND SHOW THE BALANCE ABOVE AS YOUR RESPONSIBILITY. PLEASE CALL (866) 460-8277 TO DEVELOP AN AGREED UPON PAYMENT PLAN. THANK YOU FOR CHOOSING RUTLAND REGIONAL MEDICAL CENTER.

**PAY YOUR BILL ONLINE, PLEASE VISIT: [WWW.RRMC.ORG/PATIENT-VISITORS/PAYING-YOUR-BILL/](http://WWW.RRMC.ORG/PATIENT-VISITORS/PAYING-YOUR-BILL/)**

VISIT # [REDACTED]	PAY THIS AMOUNT	7795.79
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PLEASE DETACH AND RETURN BOTTOM PORTION WITH YOUR PAYMENT



**Rutland Regional Medical Center**  
An Affiliate of Rutland Regional Health Services

160 ALLEN STREET  
RUTLAND, VT 05701

**TEMP-RETURN SERVICE REQUESTED**

**FOR BILLING INQUIRIES:**

PHONE: 866-460-8277

EMAIL: patientaccounts@rrmc.org

Please check box if address is incorrect or insurance information has changed, and indicate change(s) on reverse side.

**STATEMENT NUMBER:** [REDACTED]

**PAGE:** 1 of 2

626864 (PC2)

**ADDRESSEE:** [REDACTED]

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**STATEMENT**

DATE	DESCRIPTION	CHARGES	PAYMENTS/ADJUSTMENTS	INSURANCE BALANCE	PATIENT BALANCE
02/16/18	27828 PRO FEE	4631.00			
	PHARMACY	10.70			
	DRUGS/OTHER	64.87			
	NON-STER SUPPLY	592.00			
	97161 PHYS THERP/EVAL	217.00			
	97165 OCCUP THERP/EVAL	305.00			
	Payments and Adjustments		-40613.63		
	VISIT TOTAL	48409.42	-40613.63	0.00	7795.79

**PATIENT BALANCE**

**7795.79**

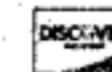
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<b>VISIT #</b>	<b>PAY THIS AMOUNT</b>	<b>7795.79</b>
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RUTLAND, VT 05701

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In the interest of your privacy, to pay by credit/debit card you may pay online at [WWW.RRMC.ORG](http://WWW.RRMC.ORG) or by calling 866-460-8277. Thank you.

DUE DATE	PAY THIS AMOUNT	VISIT #
04/27/2018	7795.79	[REDACTED]

SHOW AMOUNT PAID HERE \$

**STATEMENT NUMBER:** [REDACTED]  
**PAGE:** 2 of 2

626864 (PC2)

**ADDRESSEE:** [REDACTED]  
SARAH S WITTER

**REMIT TO:** [REDACTED]

[REDACTED]  
RUTLAND REGIONAL MEDICAL CENTER  
PO BOX 1311  
WILLISTON, VT 05495-1311

**STATEMENT**

DATE	DESCRIPTION	CHARGES	PAYMENTS/ ADJUSTMENTS	INSURANCE BALANCE	PATIENT BALANCE
	VISIT # [REDACTED] PATIENT: SARAH WITTER Provider: WILLIAM LIGHART, MD Date of Service: 02/13/2018				
	VISIT TOTAL	48409.42	-40613.63	0.00	7795.79
<b>PATIENT BALANCE</b>					<b>7795.79</b>
<b>MESSAGES:</b> PLEASE CALL (866) 460-8277 TO DEVELOP AN AGREED UPON PAYMENT PLAN. FOR FINANCIAL ASSISTANCE, BILLING, AND INSURANCE QUESTIONS CONTACT THE FINANCIAL COUNSELORS OR CALL (802) 747-1648. HOURS OF OPERATION ARE MON-FRI 8AM TO 5PM.					
<b>PAY YOUR BILL ONLINE, PLEASE VISIT: <a href="http://WWW.RRMC.ORG/PATIENT-VISITORS/PAYING-YOUR-BILL/">WWW.RRMC.ORG/PATIENT-VISITORS/PAYING-YOUR-BILL/</a></b>					
<b>VISIT #</b>	[REDACTED]		<b>PAY THIS AMOUNT</b>		<b>7795.79</b>



## **STATEMENT**



## **STATEMENT**

DATE	DESCRIPTION	CHARGES	PAYMENTS/ ADJUSTMENTS	INSURANCE BALANCE	PATIENT BALANCE
	VISIT # [REDACTED] PATIENT: SARAH WITTER				
	Provider: ERIC MARSH, MD				
	Date of Service: 06/06/2018				
06/06/18	36415 LABORATORY	124.09			
	73610 DX X-RAY	201.00			
	99212 CLINIC	124.00			
	99214 PRO FEE	148.00			
	Payments and Adjustments		-481.89		
	VISIT TOTAL	597.09	-481.89	0.00	115.20

**MESSAGES:**

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RESPONSIBILITY. PLEASE CALL (866) 460-8277 TO DEVELOP AN AGREED UPON PAYMENT  
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**VISIT #** [REDACTED] **PAY THIS AMOUNT** **115.20**

**STATEMENT**

DATE	DESCRIPTION	CHARGES	PAYMENTS/ ADJUSTMENTS	INSURANCE BALANCE	PATIENT BALANCE
	VISIT # [REDACTED] PATIENT: SARAH WITTER				
	Provider: ERIC MARSH, MD				
	Date of Service: 06/08/2018				
06/08/18	PHARMACY	12.20			
	DRUGS/OTHER	4.86			
	STERILE SUPPLY	87.56			
	SUPPLY/IMPLANTS	12859.61			
	86900 LABORATORY	418.31			
	OR SERVICES	9464.00			
	ANESTHESIA	1216.00			
	DRUGS/DETAIL CODE	281.89			
	RECOVERY ROOM	1163.00			
	64445 TREATMENT RM	1624.00			
	99218 OBSERVATION RM	1209.00			
	27720 PRO FEE	3105.00			
06/09/18	DRUGS/OTHER	41.31			
	73610 DX X-RAY	234.00			
	PHYSICAL THERAPY	0.02			
	97161 PHYS THERP/EVAL	217.00			
	DRUGS/DETAIL CODE	9.40			
	96374 TREATMENT RM	345.00			
	Payments and Adjustments		-25243.37		
	VISIT TOTAL:	32292.16	-25243.37	0.00	7048.79

**PATIENT BALANCE**

**7048.79**

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<b>VISIT #</b> [REDACTED]	<b>PAY THIS AMOUNT</b>	<b>7048.79</b>
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